

INTERNAL CONTROL EVALUATION CERTIFICATION For use of this form, see AR 11-2; the proponent agency is ASA(FM&C).		1. REGULATION NUMBER
		2. DATE OF REGULATION
3. ASSESSABLE UNIT		
4. FUNCTION		
5. METHOD OF EVALUATION <i>(Check one)</i>		
<input type="checkbox"/> a. CHECKLIST	<input type="checkbox"/> b. ALTERNATIVE METHOD <i>(Indicate method)</i>	
APPENDIX <i>(Enter appropriate letter)</i>		
6. EVALUATION CONDUCTED BY		
a. NAME <i>(Last, First, MI)</i>		b. DATE OF EVALUATION
7. REMARKS <i>(See Attached)</i> Use this block to describe the method used to test key controls, the internal control weakness(es) detected by the evaluation (if any) and the corrective action(s) taken. (THIS IS MANDATORY)		
a. METHOD OF TESTING KEY CONTROLS <i>(Check all that apply)</i>		
<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <input type="checkbox"/> Direct Observation </div> <div style="text-align: center;"> <input type="checkbox"/> Review of Files or Other Documentation </div> <div style="text-align: center;"> <input type="checkbox"/> Analysis </div> <div style="text-align: center;"> <input type="checkbox"/> Sampling </div> <div style="text-align: center;"> <input type="checkbox"/> Simulation </div> <div style="text-align: center;"> <input type="checkbox"/> Interviews </div> </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> Other <i>(Explain)</i> </div>		
b. EVALUATION RESULTS <i>(Include specific items tested):</i>		
c. INTERNAL CONTROL DEFICIENCIES DETECTED, IF ANY. <i>(Include potential material weaknesses):</i>		
d. DESCRIBE CORRECTIVE ACTIONS TAKEN, IF APPLICABLE.		
8. CERTIFICATION		
I certify that the key internal controls in this function have been evaluated in accordance with provisions of AR 11-2, Army Managers' Internal Control Program. I also certify that corrective action has been initiated to resolve any deficiencies detected. These deficiencies and corrective actions <i>(if any)</i> are described above or on attached documentation. This certification statement and any supporting documentation will be retained on file subject to audit/inspection until superseded by a subsequent internal control evaluation.		
a. ASSESSABLE UNIT MANAGER		
(1) Typed Name and Title		b. DATE CERTIFIED
(2) Signature		

REMARKS

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